

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 2, 2014

Ms. Paula Patorti, Administrator  
Our House Outback  
196 Mussey Street  
Rutland, VT 05701

Provider # 0595

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the unannounced complaint investigation conducted on **March 6, 2014**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/06/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOUSE OUTBACK

196 MUSSEY STREET  
RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced complaint investigation was conducted by the Division of Licensing and Protection on 3/6/14. There was a regulatory finding surrounding this investigation.	R100		
R149 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.9.c (6)  Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Registered Nurse (RN) failed to assure that care staff documented treatments for 1 applicable resident requiring nursing care. Findings include:  1.) Resident #1 had orders from physical therapy to perform exercises per instructions and to stand with 2 assist for 1 minute and to encourage weight bearing. Resident had surgical repair of hip fracture in January of 2014 after sustaining a fall at the facility on 12/31/2013. Per review of Treatment Administration Record for the month of February 2014, the exercises were performed only 8 out of 63 times. Confirmation was made by the house manager at 10:10 AM that documentation was incomplete and she could not positively state that the exercises were performed.  2.) Resident #1 was to be on a every 2 hour turning and positioning schedule and to only be in	R149  we held a mandatory inservice on 3/25 to reeducate and remind all staff of the necessity and importance of documentation. House manager will monitor on at least a weekly basis. Manager will initial each ADL to evidence monitoring.  R149 POC accepted 3/31/14 BBortell RN / pmc	3/25/14	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Beth Dean

manager

3/27/14

STATE FORM

6899

LVXQ11

If continuation sheet 1 of 2

Paula Galt

pmc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  5 0593	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 03/06/2014
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R149	Continued From page 1  wheelchair for meals. Per review of records the staff failed to document 12 out of 47 times between the dates of 2/7/14 and 2/21/14. Confirmation was made by the house manager at 10:10 AM that documentation was not complete. Affirmed with the RN that documentation was missing at 11:48 AM and she could not positively confirm that positioning had occurred.	R149		